

CLAIMS ONLY						Application Number		Filing Date				
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/					51						
2	/					52						
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45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep						Total Indep						
Total Depend						Total Depend						
Total Claims						Total Claims						